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November 8, 2011

SAPC BULLETIN NO. #11-04

TO: Executive Directors
Family Dependency Drug Court Providers

FROM: John Viernes, Jr., Director
Substance Abuse Prevention and Control

SUBJECT: **PROCEDURES FOR REQUESTS FOR FAMILY DEPENDENCY DRUG COURT TREATMENT EXTENSIONS**

The purpose of this bulletin is to provide you with the procedure and required documents for agencies requesting treatment extensions under the Family Dependency Drug Court Program (FDDC).

FDDC contracts with Substance Abuse Prevention and Control (SAPC) allows for a maximum of one (1) year of treatment services (combination of Residential, Outpatient, Alcohol and Drug Free Living Centers). Requests for treatment extensions beyond one (1) year may be submitted for SAPC approval and are to be based on clinical need and not for the sole purpose of housing.

All requests for extensions must be submitted with the required documentation 45 days prior to client reaching the end of their treatment episode. Documents shall be forwarded to your agency's assigned Contract Program Auditor (CPA) for review and approval. The CPA will notify the program once the extension is approved. Additionally, copies of the request for extensions and approvals shall be placed in the client's file.

The following list outlines the mandatory information that is required for an extension request:

- Completion of the attached SAPC request for extension form
- Supporting documentation of approval from FDDC Bench Officer, to include contact information (i.e. Minute Order and/or Signed Letter)
- Justification for the treatment extension (extensions only for housing are not permitted)

If you have any questions or need additional information, please contact your assigned Contract Program Auditor or the SAPC Helpline at (888) 742-7900, Monday to Friday, from 8:00 a.m. to 5:00 p.m.

JV:vs
P:/Assign11-12/FDDCBulletin

Attachment

COUNTY OF LOS ANGELES-DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL

REQUEST FOR EXTENDED TREATMENT
FAMILY DEPENDENCY DRUG COURT

PROVISIONAL APPROVAL

DATE OF REQUEST: _____

AGENCY NAME: _____

CONTACT PERSON NAME/PHONE: _____

ADMISSION DATE: _____ RESIDENTIAL/OUTPATIENT (CIRCLE)

CLINICAL JUSTIFICATION:

(ATTACH APPROVAL FROM COURT)

TREATMENT EXTENSION REQUESTED: 30 DAYS

FINAL DETERMINATION

DOCUMENTATION SUPPORTS NEED FOR EXTENSION: YES _____ NO _____

APPROVAL: _____

DENIAL: _____

REASON FOR DENIAL: _____

COMMENTS: _____

CONTRACT PROGRAM AUDITOR

DATE

Form may be submitted to: YOUR CONTRACT PROGRAM AUDITOR via fax to: (626) 299-7226.